

CLAIMS ONLY						Application Number 10736630		Filing Date			
						Applicant(s)					
						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep		
1	I						51				
2		I					52				
3		I					53				
4							54				
5							55				
6							56				
7							57				
8		I					58				
9		I					59				
10	I						60				
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12		I					62				
13		I					63				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	2						Total Indep				
Total Depend	19						Total Depend				
Total Claims	21						Total Claims				